

<i>SERFF Tracking Number:</i>	<i>STLH-126718156</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46216</i>
<i>Company Tracking Number:</i>	<i>2011 AR ER STD</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS05I.001 Plan A</i>
<i>Product Name:</i>	<i>Standardized Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2011 AR ER STD/</i>		

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Standardized Medicare Supplement SERFF Tr Num: STLH-126718156 State: Arkansas

TOI: MS05I Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Approved-Closed State Tr Num: 46216

Sub-TOI: MS05I.001 Plan A Co Tr Num: 2011 AR ER STD State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Stephanie Fowler
 Disposition Date: 08/19/2010

Authors: Barb Baxter, Corin Chapman, Debbie Bryant

Date Submitted: 07/15/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2010

State Filing Description:

General Information

Project Name: 2011 AR ER STD

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 4.2%

Filing Status Changed: 08/19/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/19/2010

Created By: Barb Baxter

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Barb Baxter

Filing Description:

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following annual rate filing and rate revision for the above referenced Standardized Medicare Supplement policy forms.

We are filing new rate tables for Policy Forms 97037 series, 97038 series, and 97039 series. This filing represents an average rate increase of 4.2%. These rates will apply to new issues and renewals. Contingent upon approval, these

SERFF Tracking Number: STLH-126718156 State: Arkansas
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Standard Plans
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rates will become effective January 1, 2011, or as soon thereafter as possible. This filing complies with all applicable minimum loss ratio standards

The following are included with this filing:

- an actuarial memorandum including an actuarial certification
- current rate tables
- revised rate tables
- experience exhibits
- 10-year projections
- EFT has been submitted in the amount of \$150.00 to pay filing fees

Sincerely,

Corin Chapman, FSA, MAAA
Life/Health Actuarial Analyst III
Phone: 309-763-1383
Fax: 309-766-1827
Email: corin.chapman.rog2 @StateFarm.com

Company and Contact

Filing Contact Information

Corin Chapman, Actuarial Analyst III
One State Farm Plaza
Bloomington, IL 61710
Corin.Chapman.rog2@statefarm.com
309-763-1383 [Phone]
309-766-1827 [FAX]

Filing Company Information

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Life/Health Actuarial, B-1
Bloomington, IL 61710
(309) 766-5188 ext. [Phone]
CoCode: 25178
Group Code:
Group Name:
FEIN Number: 37-0533100
State of Domicile: Illinois
Company Type:
State ID Number:

SERFF Tracking Number: STLH-126718156 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: 3 * \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$150.00	07/15/2010	38011713

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/19/2010	08/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	08/18/2010	08/18/2010	Barb Baxter	08/19/2010	08/19/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Your Note to Filer of 8/3/2010	Note To Reviewer	Barb Baxter	08/06/2010	08/06/2010
Clarification	Note To Filer	Stephanie Fowler	08/03/2010	08/03/2010

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Product Name:	Standardized Medicare Supplement		
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Disposition

Disposition Date: 08/19/2010

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after May 1, 2009. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	4.200%	4.200%	\$100,562	1,088	\$2,393,486	4.210%	4.180%

SERFF Tracking Number: STLH-126718156 State: Arkansas

Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 46216

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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Standardized Medicare Supplement

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Projections	Approved	No
Supporting Document	Experience Exhibits	Approved	No
Rate	Standardized Medicare Supplement	Approved	Yes
Rate	Standardized Medicare Supplement	Approved	Yes
Rate	Standardized Medicare Supplement	Approved	Yes

Objection Letter

Sincerely,
Stephanie Fowler

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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/19/2010
Submitted Date 08/19/2010

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Attached are the proposed base monthly rates you requested.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Standardized	97037 series, 97038 series,	Revised	Previous State Filing Number	
Medicare	97039 series			
Supplement			Percent Rate Change Request	
			4.2	

Sincerely,
Barb Baxter, Corin Chapman, Debbie Bryant

Note To Reviewer

Barb Baxter on 08/06/2010 09:33 AM

Stephanie Fowler

08/19/2010 01:50 PM

Your Note to Filer of 8/3/2010

Comments:

Our filing encompasses both the 1990 plans and 2010 plans therefore including both the closed blocks of plans (1990 plans) and the open block of plans (2010 plans). 2010 standard plans were filed 6/1/2010 in order to be compliant with MIPPA. Given that increases are based on an anniversary basis, no policyholder will experience an increase prior to one year from purchase.

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	01/01/2010
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	4.200%	4.200%	\$100,562	1,088	\$2,393,486	4.210%	4.180%

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Standard Plans

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 08/19/2010	Standardized Medicare Supplement	97037 series, 97038 series, 97039 series	Revised	Previous State Filing Number: Percent Rate Change Request: 4.200	2011 AR Std Revised Rates.pdf
Approved 08/19/2010	Standardized Medicare Supplement	97037 series, 97038 series, 97039 series	Revised	Previous State Filing Number: Percent Rate Change Request: 4.200	2011 AR Std Current Rates.pdf
Approved 08/19/2010	Standardized Medicare Supplement	97037 series, 97038 series, 97039 series	Revised	Previous State Filing Number: Percent Rate Change Request: 4.200	AR Monthly Rates - Std 2011.pdf

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Medicare Supplement Policy Forms 97037 series, 97038 series, and 97039 series
Annual Premiums
Individual Male or Female

Proposed Rates (Proposed 01/01/11 Effective Date)

	Plan A Form 97037 series <i>ER_C1494</i>	Plan C Form 97038 series <i>ER_C2254</i>	Plan F Form 97039 series <i>ER_C2277</i>
All Ages	1,494.00	2,254.00	2,277.00

Semiannual Mode: 51% Annual
Quarterly Mode: 26% Annual

Arkansas

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Medicare Supplement Policy Forms 97037 Series, 97038 Series and 97039 Series
Annual Premiums
Individual Male or Female

Current Rates (01/01/08 Effective Date)

	Plan A Form 97037 series <i>ER_C1434</i>	Plan C Form 97038 series <i>ER_C2163</i>	Plan F Form 97039 series <i>ER_C2185</i>
All Ages	1,434.00	2,163.00	2,185.00

Semiannual Mode: 51% Annual
Quarterly Mode: 26% Annual

Arkansas

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Medicare Supplement Policy Forms 97037 HAR, 97038 HAR, and 97039 HAR
Monthly Premiums
Individual Male or Female

Proposed Rates (06/01/10 Effective Date)

Policies Issued on or after 6/1/2010

	Plan A Form 97037 series <i>ER_C0127</i>	Plan C Form 97038 series <i>ER_C0192</i>	Plan F Form 97039 series <i>ER_C0194</i>
All Ages	126.99	191.59	193.54